

**Office of Juvenile Justice
Search Report**

☐ **BCCY** ☐ **JCY** ☐ **SCY**

Date: _____ **Shift/Team:** _____ **Time:** _____ **AM/PM** **Location of Search:** _____

Name & Title of Staff Involved If applicable, note Staff in Charge with an * Asterisk				
Contraband Report of Findings				
Method: G = General; P = Pat Search/Frisk; S = Strip Search; VBC = Visual Body Cavity; GMD = Ground Metal Detector; T = Transfrisker; V = Vehicle				
Area of Building/Grounds = Contraband found from unknown source in specific area/room within building/grounds where contraband was found. If applicable, include Bed, Locker, or Room Numbers.				
Youth's Name & JIRMS # or Staff's Name & Title/Visitor/Volunteer/Contractor	Method May use more than one	Area of Building/Grounds	Quantity	Contraband Items Seized Include Excessive Clothing/Hygiene
Chain of Custody				
Name & Title of Staff Handing Over Contraband	Name & Title of Staff Receiving Contraband	Date Received	Time Received	